Common Errors to Avoid

Below is a list of common errors staff sees in submitted HS/CDBG grant applications. Having too many mistakes on your application reflects poorly on your organization and could affect the level of funding your program receives. You are strongly advised to review this list carefully and use care when completing your application.

Miscellaneous.

- Check your spelling and your math. We encounter a high number of misspellings and numbers that don't add up.

15. Describe the capacity of program staff to provide the proposed services: what training/qualifications are required; years of experience providing service; what is the client to staff ratio, etc.

- This question is often answered very vaguely. Describe in detail the *training and qualifications* that your program staff are required to have in order to work for your program. Also, answer the client to staff ratio, or number of cases the program staff typically have.

Question 22. State the PROGRAM'S overall GOAL, and describe the specific conditions/situations will be influenced, improved, changed or maintained if your goal is achieved?

- Be specific about what you are trying to achieve overall. This question is NOT asking for a list of your measurable outcomes. Describe the condition/situation you are trying to address and how your stated program goal will influence, improve, or change it.

Questions 23, 24, and 25. To achieve overall program goal, identify MEASURABLE OUTCOMES:

- Provide specific Measurable Outcomes directly related to your stated program goal. "Measurable Outcomes" means the expected result your client will experience from receiving the service you provide. Applicants often write units of service in their application, i.e. number of meals served, number of meetings that will be held, etc. Those are not Outcomes.

- Measureable Outcomes have four components:

    1. The service that the clients will receive must be identified:

    → *The program case manager will develop a housing plan...*

    2. The number of clients that will be receiving the aforementioned service during a set period:

    → *The program case manager will develop a housing plan with 50 of our clients during the grant year …*

    3. The number and percent of all the clients that will *achieve* the outcome:

    → *The program case manager will develop a housing plan with 50 of our clients during the grant year, of those clients 90%, or 45 of the 50 served, will…*

4. The expected result or change in condition that the clients will experience as a direct result of the aforementioned service during a set period.

→ *The program case manager will develop a housing plan with 50 of our clients during the grant year, of those clients 90%, or 45 of the 50 served, will <u>obtain permanent housing upon completion of the program.</u>*

- Also, do not combine outcomes. In the example above, if you said your Outcome was for a client to obtain permanent housing <u>and/or</u> obtain employment you would be combining Outcomes. Obtain permanent housing is one Outcome. Obtain employment is one Outcome.

26. For the proposed program year, what is the total number of unduplicated PROGRAM clients estimated to be served?

- This number should be consistent with the Total Unduplicated Clients for the 2016-17 year stated on your Client Data attachment.

Questions 36 – 41. Financial Audit Information.

- The dollar amounts on these questions should come *directly* from your submitted financial report (audit, review or compilation) for the **Fiscal year ending June 30, 2015 or Dec. 31, 2014**. Do NOT use prior year audits. If your audit is incomplete use submitted unaudited financial statements or a draft audit to answer these questions. The Total Assets and Net Assets must match your submitted financial report.

Attachment 1. Client Data

- The numbers on the Prior Year column should match what you previously reported to the City in your Year-End Report if you were a City grant recipient during that period. New applicants enter your own actual client numbers.

- The totals for AGE, RACE/ETHNICITY, SEX/GENDER, RESIDENCE and INCOME must match.

Attachments 2 – 3. Program and Agency Budgets

- The Prior Year column should correspond to Actual figures; in particular the Prior Year figures in your Agency budget should come directly from the Balance Sheet (Statement of Activities) portion of your financial report, i.e. audit, review, compilation.

- Under Revenue, identify the percent (%) of funds that have been secured in the Current Year and Proposed Year columns. This is often left blank.

- Under Expenses, you must answer the Net Excess/ Deficit row. This is often left blank.

- Under Expenses, on the column "Proposed Year $ Amt CDBG/HS", list where CDBG/HS grant funds will be expended in each appropriate row, i.e. salaries, supplies, facility, etc. This is often left blank.

Attachment 4. Organization Chart.

- Clearly circle the section of the proposed program as it relates to the whole agency.

Attachment 10 – 11. Financial Report and Tax Returns

- Submit the Financial Report, (audit, review, compilation, etc) and Federal Tax Return Form 990 for the proper year. The current periods to submit are for **Fiscal Year ending June 30, 2015 or calendar year ending Dec. 31, 2014**. The 990 should be for the 2014 Tax Year. Do NOT submit prior year financial reports or Tax returns, we already have those and this makes the application-review committee unable to properly assess your current financial circumstances.

- If your financial report is not complete you may submit a draft report or unaudited financial statement with a balance sheet. If your 990 is not complete, you must submit a copy of your extension request form 8868 or approval letter.

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